

**ARIZONA DEPARTMENT OF CORRECTIONS**

*Note: This form must be submitted with an application/resume for the recruiting employee to receive credit. Per Department Order 504, Recruitment and Hiring*

**Recruitment Referral****Applicant Information**

Applicant's Name <i>(Last, First M.I.)</i>			Social Security Number
Address			
City	State	Zip Code	Phone Number
Name of employee who referred you			
Applicant Signature			

**Employee Information**

Employee's Name <i>(Last, First M.I.)</i>			Social Security Number <i>(needed to issue check)</i>
Institution/Unit			
Address			
City	State	Zip Code	Phone Number
Name of recruited applicant			
Employee Signature			

----- **For Accounting Use Only** -----

Index	PCA	AY	COBJ
Amount to be paid			
Budget Authority Authorized Signature			